

## UNIFORM FIRE CODE PERMIT REQUIREMENTS

### PRE-ENGINEERED FIRE EXTINGUISHING SYSTEMS WET AND DRY CHEMICAL



**APPLICANT: Complete the lines noted with asterisk ( \* )**

Reference UFC SECTION 1006, 1997 ed.;  
NFPA 17, 17A, 33, 96; UL-300

As a minimum, the following items shall be evaluated through the plan review, field inspection, and acceptance tests. The installer shall phone the automated Development Services Inspection (766-6745) to schedule the inspection and acceptance test 48 hours in advance of the desired appointment. The installation manual shall be available at the job site for reference by the Fire Inspector and Installer. A full field test that includes the complete operation of **every component** of the extinguishing system **in a single operation** is required. On wet systems, a substitute test gas/liquid may be used (as indicated by the manufacturer) instead of the extinguishing agent. On dry chemical systems, a bag test will be performed, utilizing one tenth of the design quantity of the dry agent. The samples collected will be compared by weight to ensure that the system is balanced.

\* Manufacturer: \_\_\_\_\_

\* Model: \_\_\_\_\_

Plans Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Plan: \_\_\_\_\_

☐ 1. PIPING CHECKED

- ☐ a. Piping secured from damage
- ☐ b. Piping size as specified for nozzles/flow points supplied
- ☐ c. Correct number and location of elbows or tees (dry chem only)
- ☐ d. Diverters, restrictors used where needed (dry chem only)
- ☐ e. Equivalent pipe length within design requirements

☐ 2. NOZZLES

- ☐ a. Correct nozzles used for hazard protected
- ☐ b. Correct clearance between nozzle and appliance surface
- ☐ c. Appropriate nozzle coverage for hazard protected
- ☐ d. Nozzles positioned correctly in ducts, and plenum and within coverage limits

***OVER...***

- ☐ 3. CYLINDER SIZING
  - ☐ a. Correct minimum quantity of extinguishment agent; Cylinder Size: \_\_\_\_\_
- ☐ 4. FUSIBLE LINKS
  - ☐ a. Correct placement in ducts
  - ☐ b. Correct placement in plenum for each appliance protected
  - ☐ c. Correct type and temperature of link used
- ☐ 5. ACCEPTANCE TEST of the entire system in a **single operation.**
  - ☐ a. Blow caps or seals on nozzles (balloons may be used)
  - ☐ b. Automatic fuel shut-off device installed and operational
  - ☐ c. Shut down of **all** electrical power under the hood (not including exhaust)
  - ☐ d. Make-up air supplied internally to a hood shall shut off.
  - ☐ e. On alarm protected occupancies - hood system interface
- ☐ 6. Remote pull device installed in proper location, identified, and mechanically tested
- ☐ 7. K extinguisher properly mounted in the kitchen
- ☐ 8. Owner advised of record keeping and of required maintenance on system by installation technician.

INSPECTING OFFICER: \_\_\_\_\_

DATE: \_\_\_\_\_

I have read, understand, and will adhere to the conditions noted above.

\* Signature: \_\_\_\_\_

\* Printed Name: \_\_\_\_\_

\* Company Name: \_\_\_\_\_

\* Job/Event Site: \_\_\_\_\_

\* Phone #/Date: \_\_\_\_\_